

(1) Person Filing: \_\_\_\_\_  
 \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Representing Self \_\_\_\_\_

**IN THE SUPERIOR COURT OF ARIZONA, COUNTY OF COCONINO**

(2) In the Matter of the Guardianship and/or Conservatorship of: \_\_\_\_\_ (3) Case Number: GC \_\_\_\_\_

Ward 1: \_\_\_\_\_  
 Ward 2: \_\_\_\_\_  
 Ward 3: \_\_\_\_\_  
☐ An Adult ☐ A Minor

**PROOF OF NOTICE**

I gave copies of the following, or I published the Notice of Hearing, as follows:

(4) 1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

(5)	WARD 1	WARD 2	WARD 3
THE WARD			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR MOTHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR FATHER			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR CLOSEST ADULT RELATIVE			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
THEIR COURT-APPOINTED ATTORNEY			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____

	WARD 1	WARD 2	WARD 3
<b>THEIR GUARDIAN AND/OR CONSERVATOR</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>PEOPLE HAVING CARE OR CUSTODY OF THEM</b>			
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>PEOPLE WHO FILED A DEMAND FOR NOTICE</b>		<b>THE WARD'S ADULT CHILDREN</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____
<b>THE WARD'S SPOUSE</b>		<b>THE VETERANS' ADMINISTRATION</b>	
NAME:	_____	_____	_____
Street Address:	_____	_____	_____
City, State, Zip:	_____	_____	_____
Notice Method:	_____	_____	_____
Notice Date:	_____	_____	_____

I swear or affirm that the statements set forth above are true and correct, subject to the penalties of making a false affidavit or declaration.

(6) Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_